2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N96000000333

Entity Name: VICTORY TABERNACLE OF PRAISE MINISTRIES, INC.

Current Principal Place of Business:

9378 ARLINGTON EXPWY
#312
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

9378 ARLINGTON EXPWY
#312
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3348159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRESSLEY, DONALD M SR.
1212 JOSEPH STREET
JACKSONVILLE, FL 322064009 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CDP ( ) Delete
Name: PRESSLEY, DONALD M SR.
Address: 1260 LORENTO ST
City-St-Zip: JACKSONVILLE, FL

Title: TD ( ) Delete
Name: KEYE, JOSIE
Address: 2244 COURNTEY DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: FD ( ) Delete
Name: PRESSLEY, BELINDA J
Address: 1260 LORENTO ST
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: JONES, ELDON V ELDER
Address: 909 PARK FOREST LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: PRESSLEY, RONALD JR
Address: 6304 EAT WOOD LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: ATDP ( ) Delete
Name: JONES, NICOLE
Address: 909 PARK FOREST LANE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD M. PRESSLEY, SR. CDP 04/30/2007
Electronic Signature of Signing Officer or Director — Date